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4. Transmit group health insurance and other information to the County Department of Social Services or Human Services Agency and Tribal Income Maintenance Agency in accordance with procedures outlined in the Child Support Enforcement Manual or other operational directives.
5. Update the health insurance coverage information whenever the absent parent reports changes in status, or whenever such information is otherwise obtained, and forward that information to the County Department of Social Services or Human Services and Tribal Income Maintenance Agencies.
6. Require the absent parent to secure group health insurance coverage through his or her place of employment in accordance with any existent court or administrative order when it will not reduce the absent parent's ability to pay child maintenance support.
7. Arrange medical support as a part of all new court orders which provide for other financial support of dependent children.
8. Seek amendment of existing court orders to require the absent parent to provide medical support for dependent children, when amending such orders for other reasons, if medical support obligations are unclear or excluded in the existing order. Court orders may be amended for strictly medical support order changes, if deemed to be desirable by the County Child Support Agency.

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9. Maintain necessary case file information. To the greatest possible extent, records related to medical support enforcement will be integrated with records related to child support activities.
 10. Restrict use and disclosure of information concerning applicants, recipients or beneficiaries and information related to absent parents and their support obligations to administrative necessity, and to use and disclosure permitted by provisions contained in the Income Maintenance Manual and the Child Support Enforcement Manual.
 11. Submit monthly Caseload and Activity Reports to the Division of Economic Assistance, Bureau of Child Support by the 15th of the month following the reporting period, as specified in the County Child Support Enforcement Manual.
 12. Establish and maintain separate supporting fiscal records adequate to assure that claims for reimbursement of administrative costs are in accordance with applicable federal requirements, and to insure maintenance of effort.
- E. The County Child Support Agencies may:

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1. Locate the absent parent using the State Parent Locator Service and the Federal Parent Locator Service, as needed in the judgment of the County Child Support Agency.
2. Make cash collections from absent parents, but only when maintenance support payments will not be reduced by such payments.

F. The County Child Support Agency, if cash collections are made from absent parents, shall:

1. Forward all cash collections made from absent parents to the Division of Economic Assistance, Bureau of Child Support.
2. Submit monthly reports to the Division of Economic Assistance, Bureau of Child Support by the 10th of the month following the month of collection, including but not limited to the following data:
 - a) Name of absent parent;
 - b) Court Order number;
 - c) Collection amount, including both in-state and out of state collections;
 - d) Name and Medicaid I.D. number(s) of the recipient(s) on whose behalf the collection has been made.

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V. AREAS OF COOPERATION

The Division of Economic Assistance and Division of Health shall cooperate to reach agreement in the following areas:

1. Identification of liaison in both Divisions to implement the provisions of this agreement.
2. Identification and implementation of training requirements and manual instructions regarding program operations.
3. Establishment of standards for local program evaluation and measurement of the relative effectiveness of the Medical Support Liability Program.
4. Creation and maintenance of all reporting and administrative methods for the utilization of medical support liability.
5. Insure that there shall be no decrease in Child Support Enforcement Program activities, personnel or resources as a result of implementation of the Medical Support Liability Program.

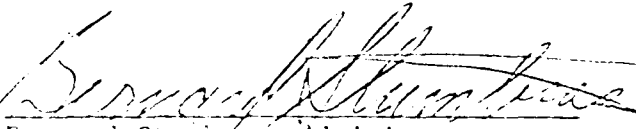
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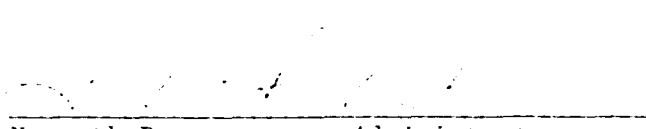
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DURATION

The terms of this agreement are extended indefinitely, subject to a 90-day termination of agreement notice by either party. Any modifications to this agreement must be approved by both parties and become effective upon approval. If negotiating parties of the two divisions are unable to reach agreement in areas requiring cooperation, the method of resolution described in Section XI of the Memorandum of Understanding, dated March 1, 1978 will be adhered to.


Bernard Stumbras, Administrator
Division of Economic Assistance

Date


Kenneth Rentmeester, Administrator
Division of Health

Date

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Signature Page

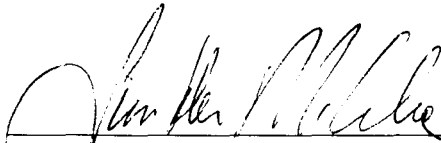
Division of Health Care Financing

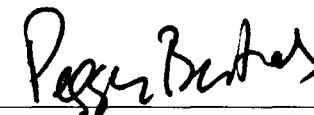
and

Division of Supportive Living

Memorandum of Understanding (MOU)

This signature page applies to the MOU or inter-agency agreement between the Division of Health Care Financing and the Division of Supportive Living's Bureau of Quality Assurance.


Sinikka McCabe, Administrator Date
Division of Supportive Living


Peggy Bartels, Administrator Date
Division of Health Care Financing

Effective Date: July 1, 1998

This agreement is effective until terminated by either party with a thirty-day advance written notice. This agreement shall be revised upon the mutual concurrence of both parties. Other technical assistance or projects that are identified by either party during the MOU period that are over and above those products spelled out in this MOU will be negotiated and further specified as amendments to this MOU. These agreements will be written and signed by the proper representatives of each agency and identify the exact nature of the assistance to be provided. Fiscal specifications if any need to identified. These agreements will be attached as amendments or as clarifications to this MOU.

TN #99-004
Supersedes
TN #97-017

Approval Date 7-27-99 Effective Date 4/1/99

Addendum 2

MEMO OF UNDERSTANDING (MOU)
TRAUMATIC BRAIN INJURY (TBI) PROGRAM

DIVISION OF HEALTH (DOH)
BUREAU OF HEALTH CARE FINANCING (BHCF)

DIVISION OF SUPPORTIVE LIVING (DSL)
BUREAU OF QUALITY ASSURANCE (BQA)
BUREAU OF DEVELOPMENTAL DISABILITIES SERVICES (BDDS)

A. Institutional Program

The Traumatic Brain Injury (TBI) program provides specialized rehabilitative treatment in units approved by the Department. The TBI program is designed to facilitate, to the extent possible, the individual's ability to return to community based living. Approval for utilization of the TBI program is done by the designated Nurse Consultant (NC) in the Bureau of Quality Assurance (BQA), Division of Supportive Living (DSL).

Bureau of Health Care Financing (BHCF) Responsibilities

- BHCF NC informs BQA and Bureau of Developmental Disabilities Services (BDDS) when a nursing home requests approval to operate a brain injury unit. BHCF/NC informs BQA and DSL of the facility, name, location, number of beds, requested date of start-up, effective date of approval and notification of approval.
- BHCF/Nursing Home Section with input from the BHCF NC negotiates the daily head injury all inclusive rate for nursing facilities that have an approved brain injury facility.
- Hospital brain injury rates are established by the Medicaid Hospital State Plan.
- BHCF NC will process the BHCF prior authorization request form (PA/RF) received from the BQA NC; processing will follow the current procedures for handling prior authorization requests.
- BHCF NC maintains a registry of all institutionalized traumatic brain injury (TBI) program recipients.

Bureau of Quality Assurance (BQA) Responsibilities

- BQA NC evaluates the necessary staffing pattern, staff expertise, and the physical environment and approves/disapproves the unit.

- BQA NC informs BQA and BDDS of approved brain injury facilities.
- BQA NC establishes the care level determination for all institutional brain injury admissions after confirmation of receipt of the DSL 822 form and communicates the care level determination to BDDS.
- BQA NC authorizes all admissions to a BHCF approved brain injury unit.
- BQA NC transmits the PA/RF form to BHCF NC for processing. The PA/RF will contain the following:
 1. Approved admission with from and to dates of stay; or
 2. Denied admission with statement regarding reason for denial of admission; and
 3. Date and signature of the BQA NC.
- BQA NC responds to appeals by recipients regarding denial of admission to the brain injury unit to the Division of Hearings and Appeals (DHA).
- BQA NC submits the care level determination to the Medicaid fiscal intermediary for system processing.
- BQA NC provides BDDS with the following information on all requests for brain injury institutional admission on a routine basis:
 1. Recipient name and MA number;
 2. Responsible county;
 3. Facility (facilities) where recipient may potentially be admitted;
 4. Current recipient status; and
 5. Estimated duration of stay and potential care level determination for the TBI Waiver program.
- BQA NC provides a copy of the DOH 2256 form to the appropriate BQA Regional Office for entry into the Nursing Home Resident Registry.

Bureau of Developmental Disabilities Services (BDDS) Responsibilities

- At BQA NC's request, BDDS reviews the appropriateness of referrals for admission to brain injury facilities. For individuals who BQA and BDDS evaluate to be more appropriately served through the TBI Waiver Program, BDDS will communicate that decision to the appropriate county agency and offer support to the agency in developing a waiver plan.
- For individuals in brain injury facilities, BDDS works with the counties to develop a TBI Waiver plan and shares progress in such planning with the BQA NC.
- BDDS assists the counties with placement, at an appropriate care level determination, of recipients from out-of-state traumatic brain injury facilities.

Brain Injury Facility Responsibilities

- The facility requests and obtains approval for admission from the responsible county agency (DSL 822 form). The DSL 822 form must be completed and submitted to the BQA Regional Office before a care level determination will be assigned by the BQA NC.
- The facility submits to the BQA NC the following documentation prior to admission to the brain injury unit:
 1. Request for Title XIX Care Level Determination (DOH 2256- Revised 9/92);
 2. Minimum Data Set (MDS) - Version 2.0, Full Assessment Form, completed in collaboration with familiar care givers;
 3. Current medications;
 4. Copy of the current Functional Independence Measurement (FIM); and
 5. Brain injury facility's proposed interdisciplinary plan of care for the recipient, including the discharge plan.
- The facility submits the BHCF prior authorization request form (PA/RF) to the Medicaid fiscal intermediary for system processing.
- The facility submits to the BQA NC the following documentation when requesting continued stay by the recipient in the brain injury facility:
 1. Newly completed Minimum Data Set (MDS) - Version 2.0, Full Assessment Form;

2. Minimum Data Set (MDS) - Version 2.0, Full Assessment Form completed at the time of admission to the brain injury facility;
 3. Current medications;
 4. Copy of the current FIM;
 5. Current interdisciplinary plan of care for the recipient, including the current discharge plan; and
 6. Documentation of recipient progress toward stated goals.
- The facility submits the BHCF PA/RF requesting continued stay in the brain injury facility to the Medicaid fiscal intermediary.
 - The facility coordinates the discharge plan with the individual (family/guardian, county case worker) responsible for transition to another living environment.

County Agency Responsibilities

- The County Department (Department of Human Services/Developmental Disabilities Services/Community Programs) with responsibility for the program in which the person is seeking admission, reviews the request for admission and submits the DSL 822 form to the facility prior to admission.
- For individuals in brain injury facilities, the responsible county agency works with the individual and the brain injury facility in developing discharge plans, including a TBI Waiver individualized service plan (ISP) when appropriate.

B. Traumatic Brain Injury Waiver Program

The Traumatic Brain Injury Waiver Program provides home and community-based services to persons with traumatic brain injuries who would otherwise require care in a nursing facility or hospital.

Bureau of Quality Assurance (BQA) Responsibilities

- BQA NC makes the care level determination for all community based services brain injury waiver participants and provides that information to BDDS.
- BQA NC performs the care level determination and annual reevaluations for brain injury waiver program participants and provides that information to BDDS.
- BQA NC responds to all appeals by recipients concerning the care level determination which result in denial of participation in the TBI Waiver.

TN #97-017
Supersedes
TN #96-004

Approval Date 12/19/97

Effective Date 7/1/97

CH09180.MF/SP

Bureau of Developmental Disabilities Services (BDDS) Responsibilities

- BDDS approves all ISPs which authorize participation in the home and community based services waiver for person with brain injuries and funding for the county agency and provides that information to the BQA NC.
- BDDS provides, on a monthly basis, the BQA NC with a listing of approved brain injury relocations and diversions; the listing includes the following information:
 1. Recipient name and MA number;
 2. Date of placement; and
 3. Responsible county.
- BDDS assures that relevant information is transmitted to the BQA NC for the purpose of making a care level determination.
- BDDS provides ongoing monitoring of the execution of ISPs by county agencies under the TBI Waiver.
- BDDS maintains, and makes available to the BQA NC, a case file of all waiver participants.
- BDDS assists the counties in developing/expanding alternative community resources for ensuring the recipient's successful community placement.

County Responsibilities

- The responsible county agency submits the requested TBI Waiver care level determination form to the BQA NC and the Individual Services Plan to BDDS for approval.
- Upon approval of the TBI care level determination and waiver plan, the responsible county agency assures implementation of the approved plan, and provides periodic updates and reevaluations as required.
- The responsible county agency submits all information required by BQA specified in DSL numbered memorandum or the manual governing the TBI Waiver to BQA NC for the annual evaluation and re-determination of the care level determination by the BQA NC. This information includes completed copies of the DOH-2256 form and the DOH-2256a, Parts A and B form.

TN #97-017
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TN #96-004

Approval Date 12-19-97

Effective Date 7/1/97